

G-325A, Biographic Information

(Family Name)		(First Name)		(Middle Name)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (mm/dd/yyyy)		Citizenship/Nationality		File Number A			
All Other Names Used (Including names by previous marriages)						City and Country of Birth				U.S. Social Security # (if any)				
Family Name			First Name		Date, City and Country of Birth (If known)				City and Country of Residence					
Father														
Mother (Maiden name)														
Husband (If none, so state.) or Wife		Family Name (For wife, give maiden name)			First Name		Birthdate		City and Country of Birth		Date of Marriage		Place of Marriage	
Former Husbands or Wives (if none, so state.) Family Name (For wife, give maiden name.)		First Name			Birthdate		Date and Place of Marriage			Date and Place of Termination of Marriage				

Applicant's residence last five years. List present address first.

				From		To	
Street and Number	City	Province or State	Country	Month	Year	Month	Year
						Present Time	

Applicant's last address outside the United States of more than one year.

				From		To	
Street and Number	City	Province or State	Country	Month	Year	Month	Year

Applicant's employment last five years. (If none, so state.) List present employment first.

		From		To	
Full Name and Address of Employer	Occupation (Specify)	Month	Year	Month	Year
				Present Time	

Show below last occupation abroad if not listed above. (Include all information requested above.)

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This form is submitted in connection with application for:		Signature of Applicant		Date	
<input type="checkbox"/> Naturalization	<input type="checkbox"/> Status as Permanent Resident				
<input type="checkbox"/> Other (Specify):					

Submit all copies of this form.

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

Penalties: Severe penalties are provided by law for Knowingly and willfully falsifying or concealing a material fact.

Applicant: Be sure to put your name and Alien Registration Number in the box outlined by heavy border below.

Complete This Box (Family Name)	(Given Name)	(Middle Name)	(Alien Registration Number)

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(Family Name)		(First Name)		(Middle Name)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (mm/dd/yyyy)		Citizenship/Nationality		File Number A		
All Other Names Used (Including names by previous marriages)						City and Country of Birth				U.S. Social Security #(f any)			
Family Name			First Name		Date, City and Country of Birth (If known)				City and Country of Residence				
Father													
Mother (Maiden name)													
Husband (If none, so state.) or Wife		Family Name (For wife, give maiden name)		First Name		Birthdate		City and Country of Birth		Date of Marriage		Place of Marriage	
Former Husbands or Wives (if none, so state.) Family Name (For wife, give maiden name.)		First Name		Birthdate		Date and Place of Marriage		Date and Place of Termination of Marriage					

Applicant's residence last five years. List present address first.						From		To			
Street and Number		City		Province or State		Country		Month	Year	Month	Year
										Present Time	

Applicant's last address outside the United States of more than one year.						From		To			
Street and Number		City		Province or State		Country		Month	Year	Month	Year

Applicant's employment last five years. (If none, so state.) List present employment first.						From		To	
Full Name and Address of Employer				Occupation (Specify)		Month	Year	Month	Year
								Present Time	

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Complete This Box (Family Name)		(Given Name)		(Middle Name)		(Alien Registration Number)	
(Other Agency Use)						USCIS Use (Office of Origin)	
						Office Code:	
						Type of Case:	
						Date:	

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(Family Name) (First Name) (Middle Name)			<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (mm/dd/yyyy)	Citizenship/Nationality	File Number A	
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Family Name		First Name	Date, City and Country of Birth (If known)			City and Country of Residence	
Father							
Mother (Maiden name)							
Husband (If none, so state.) or Wife	Family Name (For wife, give maiden name)	First Name	Birthdate	City and Country of Birth		Date of Marriage	Place of Marriage
Former Husbands or Wives (if none, so state.) Family Name (For wife, give maiden name.)	First Name	Birthdate	Date and Place of Marriage		Date and Place of Termination of Marriage		
Applicant's residence last five years. List present address first.							
				From		To	
Street and Number	City	Province or State	Country	Month	Year	Month	Year
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				From		To	
Street and Number	City	Province or State	Country	Month	Year	Month	Year
Applicant's employment last five years. (If none, so state.) List present employment first.							
			Occupation (Specify)	Month	Year	Month	Year
						Present Time	
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Family Name		First Name	Date, City and Country of Birth (If known)		City and Country of Residence	
Father						
Mother (Maiden name)						
Husband (If none, so state.) or Wife	Family Name (For wife, give maiden name)	First Name	Birthdate	City and Country of Birth	Date of Marriage	Place of Marriage
Former Husbands or Wives (if none, so state.) Family Name (For wife, give maiden name.)	First Name	Birthdate	Date and Place of Marriage		Date and Place of Termination of Marriage	

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		From		To	
Full Name and Address of Employer	Occupation (Specify)	Month	Year	Month	Year
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			Office Code: Type of Case: Date: